

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	27		30		14	
TOTAL DEP.	26		26		16	
TOTAL CLAIMS	53		56		30	

	* AS FILED Original		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	14					
TOTAL DEP.	9					
TOTAL CLAIMS	23					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS